

**PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT**

Nancy
7/23/07

SECTION A

1. Company Name: Caravan Ingredients, Incorporated
2. Permit Number if applicable: 32220005
3. Location: 100 Adams Drive
Totowa, NJ Zip Code: 07512
4. Mailing Address: PO Box 1004
Totowa, NJ Zip Code: 07511-1004
5. Person to contact concerning information provided in this application:
Name of Contact Official: Edward Eberhard
Title: Maintenance Manager Phone No.: 973-256-8886
Address: PO Box 1004, Totowa, NJ Zip code: 07511-1004 *07.960*
6. Number of Employees – Full Time: 120 Part Time: 5 *2460*
Number of Work Days Per Year: 307
Number of Shifts Per Day: 3
7. If property is owned indicate block and lot number(s): B: 179.01, L: 2 and 3
- Assessed Value: \$6,000,000.00
8. If property is rented indicate name and address of owner: N/A
- Total square feet rented: N/A
9. List NJPDES Permit Number if applicable, NJG0127191 (General Stormwater) and
Name of receiving Body of Water entered Passaic River

INDUSTRIAL <u>120-334</u>		
81100	81150	81200
MAR 29 2007		
81250	82050	82100

SECTION B**WATER DATA**

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y - ☐ N

Well

Y - ☒ N

If Y, is it metered

Y - N

River

Y - ☒ N

If Y, is it metered

Y - N

11. Name of purchased water supplier: Borough of Totowa Water DepartmentList all Account #'s: 179.01-212. Water Received: From Mo. 3 Yr. 06 Through Mo. 2 Yr. 07.

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	1,098,500	--	--	1,098,500
2 nd Qtr.	1,621,500	--	--	1,621,500
3 rd Qtr.	969,400	--	--	969,400
4 th Qtr.	820,800	--	--	820,800

GRAND TOTAL 4,510,200

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	360,000*	-0-	
Process waste water	3,730,700*	-0-	
Cooling water	-0-	-0-	
Evaporation			-0-
Contained in the product			419,500
Other (describe)			-0-

GRAND TOTAL 4,510,200

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer ☒ - N
 To the Combined Sewer Y - ☒
 To the Storm Sewer Y - ☒
 River or Ditch Y - ☒

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
N/A			

SECTION C**OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous _____
-
- or intermittent
- X
- each operating day.

If the discharge is intermittent, it occurs between the following hours: 6:00am - 6:00pm (24 hours)

17. Brief description of Manufacturing or other activity performed:
- Blending of dry ingredients,
-
- oils, and flavorings to manufacture bread doughs for wholesale to bakeries.

List SIC CODE #: NAIC: 311822

18. Principal Raw Materials used:
- Flour, salt, sugar, shortening, dextrose

19. Principal Products or Services:
- Bread bases and mixes for wholesale baking industry.

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: N/A

Does this facility shutdown for vacation(s)? No If so, is it basically the same time each year. N/A Provide dates usually shutdown _____

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 32220005-1 Flowmeter, pH monitor and adjust, grease trap.

Outlet 32220005-2 Grease trap (2)

Outlet _____

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
32220005-1	Yes	Composite	Yes
32220005-2	Yes	Composite	Yes

SECTION D (continued)

23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
32220005-1	7,951	Yes	Mag Meter	February 2007
32220005-2	5,373	No*(See Note below)		

24. Frequency of calibration of each flow meter: Monthly

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

*NOTE: Inflow to the facility is metered by Municipal Water Meter. Outfall 32220005-1 is metered. Outfall 32220005-2 is calculated by subtracting Outfall 32220005-1 and water in product from metered municipal water.

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 32220005-1 *See Note Below.

9/22/06

INV. # 815732

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l		Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l	
<u>Parameter</u>	<u>Value</u>	<u>Parameter</u>	<u>Value</u>
*Radioactivity (PL-1)	n/a	*Antimony (Sb)	n/a
Total Solids	183	*Arsenic (As)	n/a
*Volatile Solids	536	*Boron (B)	n/a
Total Suspended Solids	76.0	Cadmium (Cd)	ND < 0.004
*Volatile Suspended Solids	74.0	*Chromium Total (Cr)	n/a
(1)(3) SGT-HEM (EPA Method 1664 Rev. A)	6.60	Copper (Cu)	0.0504
Biochemical Oxygen Demand (BOD)	379	*Iron (Fe)	n/a
		Lead (Pb)	ND
Chemical Oxygen Demand (COD)	1,080	*Cyanide (Cn)(3)	n/a
		Mercury (Report to 0.XXX)	ND
*Total Organic Carbon (TOC)	307	Nickel (Ni)	ND
		*Selenium (Se)	n/a
pH(standard unit range)	7.11	*Silver (Ag)	n/a
(1) Ammonia as N	0.580	*Tin (Sn)	n/a
(1)(3) Total Oil & Grease	87.1	Zinc (Zn)	0.101
*(1) Sulfide	n/a	*Phenol	0.0650
*(1) Ortho Phosphates as P	n/a	*Pesticides (Report to 0.XXX)	n/a
*(1) Kjeldahl N as N	n/a		
*(2)(3) TTO (Report to 0.XXX)	n/a	*TTVO (Report to 0.XXX)(3)	n/a

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
(* Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87 * Six months of current sampling required by permit are attached to this report.

8/89
7/90
9/94
8/95
11/95
07/98
09/05

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 32220005-2 *Note Below.

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l		Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l	
Parameter	Value	Parameter	Value
*Radioactivity (PL-1)	n/a	*Antimony (Sb)	n/a
Total Solids	180	*Arsenic (As)	n/a
*Volatile Solids	1260	*Boron (B)	n/a
Total Suspended Solids	308	Cadmium (Cd)	ND
*Volatile Suspended Solids	308	*Chromium Total (Cr)	n/a
(1)(3) SGT-HEM (EPA Method 1664 Rev. A)	1.80	Copper (Cu)	0.0779
Biochemical Oxygen Demand (BOD)	346	*Iron (Fe)	n/a
Chemical Oxygen Demand (COD)	1960	Lead (Pb)	ND
		*Cyanide (Cn)(3)	n/a
*Total Organic Carbon (TOC)	606	Mercury (Report to 0.XXX)	ND
		Nickel (Ni)	ND
pH(standard unit range)	7.40	*Selenium (Se)	n/a
(1) Ammonia as N	12.8	*Silver (Ag)	n/a
(1)(3) Total Oil & Grease	125	*Tin (Sn)	n/a
*(1) Sulfide	n/a	Zinc (Zn)	0.0825
* (1) Ortho Phosphates as P	n/a	*Phenol	0.0800
* (1) Kjeldahl N as N	n/a	*Pesticides (Report to 0.XXX)	n/a
* (2)(3) TTO (Report to 0.XXX)	n/a		
		*TTVO (Report to 0.XXX)(3)	n/a

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
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07/98
09/05

* Six months of current sampling required by permit are attached to this report.

SECTION E (continued)

Samples collected by: All-Test Laboratories, Inc.

Date: 4/10/02 5/8/02

Sample analyzed by: All-Test Laboratories, Inc. Date: Varies

Products being manufactured when sample was collected: Bread Bases and Mixes

27. Who performs the analyses of the samples for User Charge? n/a

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N Yes

29. Who performs the analyses of the samples for the Pretreatment Parameters?

Facility performs continuous pH monitoring and adjustment.

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

N/A

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N Yes

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

SECTION F**PRETREATMENT**

32. Industrial Category: N/A
 Subpart (s): N/A
33. Compliance date(s): N/A
34. Is facility in compliance? Yes If not, and if compliance date has passed, explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: 10/9/97
36. Compliance schedule submitted: N/A
 If yes is facility on schedule? N/A Explain if compliance date will not be met: _____

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
 If yes, describe No
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
 If yes, describe Draft plan is being edited and finalized. Plan is triggered by Vegetable Oil
Bulk Storage > 1,320 gallons.
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - (N) No
40. Is this facility under an ISRA Clean up? No If so, has a plan been approved by NJDEP: N/A
 Is there any plan to discharge groundwater?
No

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: _____

Edward Eberhard

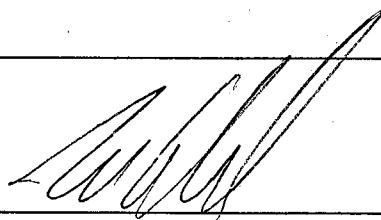
Print Name

TITLE: _____ Maintenance Manager

DATE

3/28/07

SIGNATURE



*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			X		2,4 dimethylphenol			X	
acrolein			X		2,4 dinitrotoluene			X	
acrylonitrile			X		2,6 dinitrotoluene			X	
benzene			X		1,2 diphenylhydrazine			X	
benzidine			X		ethylbenzene			X	
carbon tetrachloride (tetrachloromethane)			X		fluoranthene			X	
chlorobenzene			X		4-chlorophenyl phenyl ether			X	
1,2,4-trichlorobenzene			X		4-bromophenyl phenyl ether			X	
hexachlorobenzene			X		bis(2-chloroisopropyl) ether			X	
1,2 dichloroethane			X		bis(2-chloroethoxy) methane			X	
1,1,1 trichloroethane			X		methylene chloride(dichloromethane)			X	
hexachloroethane			X		methyl chloride (chloromethane)			X	
1,1,dichloroethane			X		methyl bromide (bromomethane)			X	
1,1,2 trichloroethane			X		bromoform(tribromomethane)			X	
1,1,2,2 tetrachloroethane			X		dichlorobromomethane			X	
chloroethane			X		trichlorofluoromethane			X	
bis(chloromethyl) ether			X		dichlorodifluoromethane			X	
Bis(2 chloroethyl) ether			X		chlorodibromomethane			X	
2-chloroethyl vinyl ether mixed			X		hexachlorobutadiene			X	
2-chloronaphthalene			X		hexachlorocyclopentadiene			X	
2,4,6, trichlorophenol			X		isophorone			X	
parachlorometa cresol			X		naphthalene			X	
Chloroform (trichloromethane)			X		nitrobenzene			X	
2 chlorophenol			X		2-nitrophenol			X	
1,2, dichlorobenzene			X		4-nitrophenol			X	
1,3, dichlorobenzene			X		2,4-dinitrophenol			X	
1,4, dichlorobenzene			X		4,6 dinitro-o cresol			X	
3,3, dichlorobenzidine			X		N-nitrosodimethylamine			X	
1,1,dichloroethylene			X		N-nitrosodiphenylamine			X	
1,2 trans-dichloroethylene			X		N-nitrosodi-n-propylamine			X	
2,4,dichlorophenol			X		pentachlorophenol			X	
1,2, dichloropropane			X		phenol			X	
1,3, dichloropropylene			X						
(1,3 dichlor propene)			X						

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			X		endrin			X	
butylbenzylphthalate			X		endrin aldehyde			X	
di-n-butylphthalate			X		heptachlor			X	
di-n-octylphthalate			X		heptachlor (epoxide)			X	
diethylphthalate			X		BHC Alpha			X	
dimethylphthalate			X		BHC Beta			X	
benzo(a)anthracene			X		BHC Gamma			X	
benzo(a)pyrene			X		BHC Delta			X	
3,4 benzofluoranthene			X		PCB1242			X	
benzo(k) fluoranthene			X		PCB1254			X	
chrysene			X		PCB1221			X	
acenaphthylene			X		PCB1232			X	
anthracene			X		PCB1248			X	
benzo(ghi)perylene			X		PCB1260			X	
fluorene			X		PCB1016			X	
phenanthrene			X		toxaphene			X	
dibenzo (a,h) anthracene			X		antimony(total)			X	
indeno (1,2,3-c,d) pyrene			X		arsenic (total)			X	
pyrene			X		asbestos (fibrous)			X	
tetrachloroethylene			X		beryllium (total)			X	
toluene			X		cadmium (total)				X
trichloroethylene			X		chromium (total)			X	
vinyl chloride			X		copper (total)	X			
aldrin			X		cyanide (total)			X	
dieldrin			X		lead (total)	X			
chlordane			X		mercury (total)				X
4,4 DDT			X		nickel (total)		X		
4,4, DDE			X		selenium (total)			X	
4,4, DDD			X		silver (total)			X	
endosulfan 1			X		thallium (total)			X	
endosulfan 11			X		zinc (total)	X			
endosulfan sulfate			X		2,3,7,8, tetrachlorodibenzo			X	
					p-dioxin			X	

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			X		n,n-dimethyl aniline			X	
amitrole			X		3,3-dimethyl benzidine			X	
amyl alcohols			X		1,1-dimethylhydrazine			X	
aniline hydrochloride			X		dioxane			X	
anisole			X		diphenylamine			X	
auramine			X		ethylenimine			X	
benzotrichloride			X		hydrazine			X	
benzylamine			X		4,4-methylene bis			X	
			X		(2-chloraniline)			X	
o-chloroaniline			X		4,4-methylenedianiline			X	
m-chloroaniline			X		methyl isobutyl ketone			X	
p-chloraniline			X		alpha-naphthylamine			X	
1-chloro-2-nitrobenzene			X		beta-naphthylamine			X	
1-chloro-4-nitrobenzene			X		n-methylaniline			X	
chloroprene			X		1,2- phenylenediamine			X	
chrysoidine			X		1,3- phenylenediamine			X	
cumene			X		1,4-phenylenediamine			X	
2,3-dichloroaniline			X		sudan 1 (solvent yellow 14)			X	
2,4-dichloroaniline			X		thiourea			X	
2,5-dichloroaniline			X		toluene sulfonic acids			X	
3,4-dichloroaniline			X		toluidines			X	
3,5-dichloroaniline			X		xylidines			X	
1,3-dichloropropene			X						
1,3-dimethoxybenzidine			X						

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			X		isopropanolamine			X	
allyl alcohol			X		kelthane			X	
allyl chloride			X		kepone			X	
amyl acetate			X		malathion			X	
aniline			X		mercaptodimethur			X	
benzonitrile			X		methoxychlor			X	
benzyl chloride			X		methyl mercaptan			X	
butyl acetate			X		methyl methacrylate			X	
butylamine			X		methly parathion			X	
captan			X		mevinphos			X	
carbaryl			X		mexacarbate			X	
carbofuran			X		monoethylamine			X	
carbon disulfide			X		monomethylamine			X	
chlorpyrifos			X		naled			X	
coumaphos			X		napthenic acid			X	
cresol			X		nitrotoluene			X	
crotonaldehyde			X		parathion			X	
cyclohexane			X		phenolsulfanate			X	
2,4-D (2,4-dichlorophenoxy)			X		phosgene			X	
acetic acid			X		propagrite			X	
diazinon			X		propylene oxide			X	
dicamba			X		pyrethrins			X	
dichlobenil			X		quinoline			X	
dichlone			X		resorcinol			X	
2,2-dichloropropionic acid			X		strontium			X	
dichlorvos			X		strychnine			X	
diethylamine			X		stryrene			X	
dimethylamine			X		2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)			X	
dinitrobenzene			X		TDE (tetrachloro- diphenylethane)			X	
diquat			X		2,4,5-TP 2(2,4,5- trichlorophenoxy			X	
disulfoton			X		trichlorofon			X	
diuron			X		triethylamine			X	
epichlorohydrin			X		trimethylamine			X	
					propanoic acid			X	

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine			X		uranium			X	
ethion			X		vanadium			X	
ethylene diamine			X		vinyl acetate			X	
ethylene dibromide			X		xylene			X	
formaldehyde			X		xlenol			X	
furfural			X		zirconium			X	
guthion			X						
isoprene			X						

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Name of Applicant

Caravan Ingredients, Inc.

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe) | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Edward Eberhard

Street Address: 100 Adams Drive

City, State & Zip Code: Totowa, NJ 07512

Business Telephone: 973-256-8886

Emergency Telephone:

PAST NAMES OF APPLICANT. List **all** names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
Caravan Products	1903	2006

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>

APPLICANT'S FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
96 E. Union Blvd	201-672-0510	Bakery-Frozen	
E. Rutherford, NJ 07073			

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name:

Company Name:

See Attachment 3

Street Address:

City, State & Zip Code:

Telephone: _____
(Area Code)

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country:

Date:

Certificate of Incorporation No.: _____

Copy of certificate of incorporation attached? _____ Yes _____ No

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date:

OFFICERS. List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: Ron Savelli

Telephone: 1-800-669-4092

Business address: 7905 Quivira, Lenexa, KS 66215

Office
held

Date took
office

Date of
birth

President & CEO

Name: _____

Telephone: _____
(area code)

Business address:

Office
held

Date took
office

Date of
birth

DIRECTORS. List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: _____

Telephone: _____
(area code)

Business address:

Office
held

Date took
office

Date of
birth

FORMER OFFICERS AND DIRECTORS: List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

Position <u>held</u>	From	To (month/year)	Date of <u>birth</u>
_____	_____	_____	_____

SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Bus.Phone

Name:

Street Address:

City, State & Zip Code:

Bus.Phone

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

TYPE OF ASSOCIATION:

Check One

☐ General Partnership☐ Limited Partnership☐ Joint Venture

GENERAL PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

LIMITED PARTNERS. List the following information as to each limited. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____ Telephone: _____

Dates during which individual was a partner: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached? ☐ Yes ☐ No

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. **Use additional copies of this section as necessary.**

Name:

Street Address:

City, State & Zip Code:

Telephone:

Name:

Street Address:

City, State & Zip Code:

Telephone:

SECTION SIX

CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

A. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket No.: _____

B. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

C. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of
entity cited: _____

Date
Issued: _____

Address of
alleged violation: _____

Alleged violation: _____

Type of
notice: _____

Disposition &
explanation: _____

Name of issuing agency: _____

Docket no.: _____

D. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of
entity cited: _____

Date
Issued: _____

Address of
alleged violation: _____

Alleged violation: _____

Type of
notice: _____

Disposition &
explanation: _____

Name of issuing agency: _____

Docket no.: _____

SECTION SEVEN**OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

A. OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. **Use additional copies of this section as necessary.**

Title of case:

Docket No.: _____

Name & location
of court: _____Date judgment
entered: _____Nature of
suit: _____Amt./terms of
judgment: _____

B. PENDING SUITS. List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. **Use additional copies of this section as necessary.**

Title of case: _____

Docket No.: _____

Name & location
of court: _____

Date Filed: _____

Nature of
suit: _____

Status: _____

SECTION EIGHT**CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use **additional copies of this page as necessary.**

Name of entity
charged/convicted: _____

Description of
crime/offense charged: _____

Date
Charged: _____

Jurisdiction
Where Charged: _____

Indictment information,
Complaint No., indictment No. etc., _____

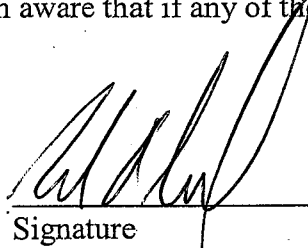
Disposition (if applicable,
sentence imposed): _____

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: 3/28/07



Signature

Edward Eberhard, Maintenance Manager
Print Title & Position

ATTACHMENT 1

ATTACHMENT 2

Caravan: IPP Metals Monitoring January - December 2007

Discharge 32220005-1									
Permit Limits		0.19	3.02	0.54	0.08	5.9	1.67		
Parameter		Cadmium	Copper	Lead	Mercury	Nickel	Zinc		
Threshold Value mg/L		0.005	0.092	0.029	0.001	0.02	1.67		
2007									
January		Non-Use	0.19	Non-Use	Non-Use	Non-Use	0.70		
February		Non-Use	0.39	Non-Use	Non-Use	Non-Use	0.39		
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Average		#DIV/0!	0.290	#DIV/0!	#DIV/0!	#DIV/0!	0.55		
Discharge32220005-2									
Permit Limitations		0.19	3.02	0.54	0.08	5.9	1.67		
Parameter		Cadmium	Copper	Lead	Mercury	Nickel	Zinc		
Threshold Value mg/L		0.005	0.092	0.029	0.001	0.02	1.67		
2007									
January		Non-Use	0.070	Non-Use	Non-Use	Non-Use	0.22		
February		Non-Use	0.045	Non-Use	Non-Use	Non-Use	0.23		
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Average		#DIV/0!	0.058	#DIV/0!	#DIV/0!	#DIV/0!	0.23		
= Below threshold limit									

Caravan - PVSC Metals Monitoring Table
Caravan: IPP Metals Monitoring January - December 2006

Discharge 32220005-1							
Permit Limits	0.19	3.02	0.54	0.08	5.9	1.67	
Parameter	Cadmium	Copper	Lead	Mercury	Nickel	Zinc	
Threshold Value mg/L	0.005	0.092	0.029	0.001	0.02	1.67	
2006							
January	0.000	0.127	0.009	0.000	0.01	0.41	
February	non-use	0.757	non-use	non-use	non-use	0.84	
March	0.000	0.314	0.000	0.000	0.03	0.32	
April	non-use	0.158	non-use	non-use	0.00	0.14	
May	non-use	0.142	non-use	non-use	0.01	0.23	
June	non-use	0.370	non-use	non-use	0.03	0.40	
July	non-use	0.125	non-use	non-use	0.01	0.11	
August	non-use	0.415	non-use	non-use	0.05	0.27	
September	0.000	0.139	0.019	0.000	0.03	0.40	
October	non-use	0.179	non-use	non-use	<0.01	1.19	
November	non-use	0.059	non-use	non-use	<0.01	0.21	
December	non-use	0.082	non-use	non-use	<0.01	0.26	
Average	0.000	0.239	0.009	0.000	0.02	0.40	

Discharge 32220005-2							
Permit Limitations	0.19	3.02	0.54	0.08	5.9	1.67	
Parameter	Cadmium	Copper	Lead	Mercury	Nickel	Zinc	
Threshold Value mg/L	0.005	0.092	0.029	0.001	0.02	1.67	
2006							
January	0.000	0.146	0.015	0.000	0.01	0.25	
February	non-use	0.191	non-use	non-use	non-use	0.69	
March	0.000	0.100	0.007	0.000	0.00	0.10	
April	non-use	0.155	non-use	non-use	non-use	0.11	
May	non-use	0.084	non-use	non-use	non-use	0.46	
June	non-use	0.040	non-use	non-use	non-use	0.06	
July	non-use	0.017	non-use	non-use	non-use	0.06	
August	non-use	0.125	non-use	non-use	non-use	0.26	
September	0.000	0.058	0.000	0.000	0.00	0.20	
October	non-use	0.139	non-use	non-use	non-use	0.15	
November	non-use	0.192	non-use	non-use	non-use	0.22	
December	non-use	0.201	non-use	non-use	non-use	0.27	
Average	0.000	0.121	0.007	0.000	0.00	0.23	
= Below threshold limit							

ATTACHMENT 3